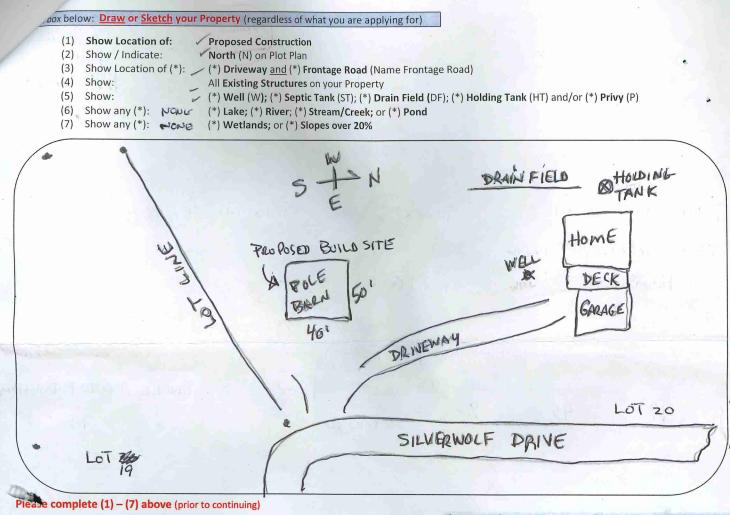
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) E V E V APR 0 4 2018

OF PERMIT REQ			LAND US	SE SAN	IITARY		COMBINION	. /-:	and,	□ B.O	.A. OTH	
er's Name:	951				Mailing A		Sal	ow SPRING	15 544	873		
TODA +	tolm\$7	Rom	0			×395	201				Cell Phone:	2251
of Depondent	n		March 1 .		City/Stat	e/ ∠ ip:			7/2		612 221	
4755 5	LVER	NOLF	DKIA	E	Contract	or Phone: P	lumber:		15		Plumber Pho	ine:
ractor:	MSTRO	600			6122	21 0056	gent Mailing Addr	ross linglands Cir. II	State/7in\		Written Aut	norization
TODD HOL norized Agent: (Per	rson Signing A	pplication	on behalf of	Owner(s))	Agent Pl		gent Mailing Addr	ess (include City/S			Attached ☐ Yes	No
, , ,	1 1							74	Recorded	Deed (i.e.	# accigned by Re	gister of Deed
PROJECT		aulmat	(Ueo Tro	Statement)	Tax ID# (4-5 digits) 35592			Document	t #: 20 4	/ R - 5	21254
LOCATION	Legal Des	cription		Statement)		Vol & Page	Lot(s) No.	Block(s) No.	Subdivis	sion:	man made 150 m	Takes are
1/4	1/-	4	Gov't Lo	t Lot(s	CSIVI		19-20	0			DID TO Po	
		13.70	46	9	w	Town of:	100		Lot Size		Acreage	
Section 1	, Tow	nship	19_N,	Range	vv	BAR						
EXAMPLE DE LA COMPANION DE LA	Disp	nerty/L-	nd within	300 feet of Ri	ver, Strea	m (incl. Intermittent)	Distance Struc	cture is from Sho	oreline : feet		roperty in dplain Zone?	Are Wetlan Present?
	Creek o	r Landw	ard side of	Floodplain	ii ye	SContinue	Distance Com	cture is from Sh			☐ Yes	☐ Yes
Shoreland -	☐ Is Pro	perty/La	and within	1000 feet of	Lake, Pond	l or Flowage scontinue —			feet	t	No	NO.
					іт уе	- continue						
Non-Shoreland										81 1 =	NAME OF BE	
alue at Time	HENVIE						#			Type of		Wat
f Completion	Project # of Sto					Use	of		ewer/San			Wat
* include lonated time &				and/or bas	ement		bedrooms			, open		□ Cit
material	Water.	Const	ıction	☐ 1-Story		☐ Seasonal	1	☐ Municipa	al/City	inecif. T.	pe:	
	New □ Addit					Year Roun		☐ (New) Sa				
40,000	☐ Conv			2-Story	1		3	☐ Privy (Pi	t) or 🗆	Vaulted	(min 200 gallo	on)
1900	☐ Reloc	cate (exis		☐ Basem			None	☐ Portable	e (w/service	e contrac	ct)	
	Run		ess on	☐ No Bas				☐ Compost Toilet				
	Prop	CILY		Found				□ None				
		mis I	g applied f	or is relevant	to it)	Length:		Width:	40		Height:	23"
Existing Structu	re: (If per truction:	iiii bein	P abbusa (Tal Fall		Length: 5		Width:	10		neight.	
- Posea consi						Proposed Stru	icture			Dim	ensions	Squar Footag
Proposed U	Jse	1			METERS.					(х)	
and the second			Principa	l Structure	(first stru	cture on prope	rty)			(х)	
		Π.	Residen	ce (i.e. cabir with Lo		g shack, etc.)				(x)	
	al IIso			with a l	Porch					(x)	
Docidonti	issuance			with (2	nd) Porch				, .	(x)	
Residentia	with (2) Forein									(х)	
	0 2018	APR 1 0 2018 with a Deck with (2 nd) Deck								(X)	
APR 1			with Attached Garage								X)	
			D L.I.	Sunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities Mobile Home (manufactured date)							x)	
APR 1			Bunkho	Home (mar	nufactured				ule)	140		250
APR 1			Mobile	Home (mar	nufactured		on (specify) POLE BARN (MONITOR STYLE)					
APR 1	ial Useff		Mobile	Home (mar on/Alteration ory Building	nufactured on (specif	y) POLE	BARN (P	nowHor St	101	(
APR 1	ial Useff		Mobile	Home (mar on/Alteration ory Building	nufactured on (specif		pecify)	novitor St		(
APR 1	ial Useff		Addition Access Access	Home (mar on/Alteration ory Building ory Building	on (specification) g (specification) g Additio	ry)	pecity)			(х)	
APR 1	ial Useff		Mobile Addition Access Access	Home (man on/Alteratio ory Building ory Building	nufactured n (specif g (specif g Additio	ry) POLE n/Alteration (s	pecify)			(х)	
APR 1	ial Useff		Mobile Addition Access Access Special	Home (mar on/Alteration ory Building fory Building I Use: (explational Use:	nufactured on (specification) g (specification) (explain)	(y) POLE (n/Alteration (s	pecify)			(
APR 1 Commerce Municipa	al Use		Mobile Addition Access Access Special Condition Other	Home (mar on/Alteration ory Building fory Building I Use: (explaitional Use: (explain)	nufactured on (specif g (specif g Additio	(y) POLE (y) POLE (n/Alteration (s	pecity)	DEDMIT WILL RESU	JLT IN PENA	(((((((((((((((((((x)	cknowledge that
APR 1 Commerce Municipa	al Use		Mobile Addition Access Access Special Condition Other	Home (mar on/Alteration ory Building fory Building I Use: (explaitional Use: (explain)	nufactured on (specif g (specif g Additio	ry) POLE n/Alteration (s	DCTION WITHOUT A	PERMIT WILL RESU	JLT IN PENA elief it is true,	(() () () () () () () () () (X) X complete. I (we) ac	cknowledge that r accept liability t to have access
APR 1 Commerce Municipa I (we) declare t am (are) respon	that this applic	ation (includetail and a	Mobile Addition Access Access Special Condition Other FAILUI ding any accordance of all	Home (mar on/Alteration ory Building fory Building I Use: (explain) : (explain) : (explain) mpanying information I (we) a information I (we) a	nufactured on (specification (specification) continuous (explain) continuous (explain) continuous (specification) continuous (spe	ry) POLE n/Alteration (s	DCTION WITHOUT A	PERMIT WILL RESU	JLT IN PENA elief it is true,	dministering	X) X) complete. I (we) acrmit. I (we) further county ordinances	
APR 1 Commerce Municipa I (we) declare tam (are) responsy be a resuabove describe	that this applications the for the color of Bayfield of Bayfield of deproperty at	ation (includetail and a County rely any reason	Mobile Addition Access Access Special Condiin Other FAILUI Gling any according on this infinity on this infinity able time for the condinate of the condinate o	Home (mar on/Alteration ory Building fory Building I Use: (explain) : (explain) : (explain) RE TO OBTAIN An oppanying information I (we) a the purpose of insp	nufactured on (specification (specification)) (explain)	STARTING CONSTRI n examined by me (us) viding and that it will be ding in or with this app	JCTION WITHOUT A and to the best of my (c e relied upon by Bayfie lication. I (we) consent	PERMIT WILL RESU our) knowledge and be ald County in determin t to county officials ch	JLT IN PENA elief it is true, ning whether narged with a	administering D	X) X complete. I (we) ac	
APR 1 Commerce Municipa I (we) declare tam (are) responsy be a resuabove describe	that this applications the for the color of Bayfield of Bayfield of deproperty at	ation (includetail and a County rely any reason	Mobile Addition Access Access Special Condiin Other FAILUI Gling any according on this infinity on this infinity able time for the condinate of the condinate o	Home (mar on/Alteration ory Building fory Building I Use: (explain) : (explain) : (explain) RE TO OBTAIN An oppanying information I (we) a the purpose of insp	nufactured on (specification (specification)) (explain)	STARTING CONSTRI n examined by me (us) viding and that it will be ding in or with this app	DCTION WITHOUT A	PERMIT WILL RESU our) knowledge and be ald County in determin t to county officials ch	JLT IN PENA elief it is true, ning whether narged with a	dministering D	X) X) complete. I (we) acrmit. I (we) further county ordinances	18



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurem	nent	Description	Measurement		
Setback from the Centerline of Platted Road	70 100	Feet	Setback from the Lake (ordinary high-water mark)	<i>U</i>	Feet	
Setback from the Established Right-of-Way	10 700	Feet	Setback from the River, Stream, Creek		Feet	
			Setback from the Bank or Bluff	/	Feet	
Setback from the North Lot Line		Feet	E PUBLICATION OF THE PARTY OF T			
Setback from the South Lot Line	20	Feet	Setback from Wetland	/	Feet	
Setback from the West Lot Line	80	Feet	20% Slope Area on property	Yes	No	
Setback from the East Lot Line	70	Feet	Elevation of Floodplain	/	Feet	
Setback to Septic Tank or Holding Tank	250	Feet	Setback to Well	150	Feet	
Setback to Drain Field	200	Feet				
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	*	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:								
Permit #: 18-0095	Permit Date: 4-10	0-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Ref) Yes (Fused/Cont) Yes Yes	guous Lot(s)) 📈 No	Mitigation Required Mitigation Attached		Affidavit Required					
Granted by Variance (B.O.A.) ☐ Yes ► No Case #:	Maring Ag	Previously Granted by	y Variance (B.O.A.)	± #:					
	lo	Were Property Lines Represented by Owner Was Property Surveyed Wes N N							
Inspection Record:			-	Zoning District (R_1)					
		1 0		Lakes Classification (-)					
Date of Inspection: 4/9/18	Inspected by:	ale	p To	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions A	Condition: No accessory b habitation / sleeping purp and UDC permits. No pre building unless approved co and maintain setbacks.	uilding shall be used for loses without necessary essurized water shall en	human county ter the	✓ Date of Approval:					
Crouce			1/9/18	Date of Approval:					
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit:	Hold For Fees:						

City, Village, State or Federal May Also Be Required

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0095 Issued To: **Todd Holmstrom** No. Range 9 19 45 Town of **Barnes** Township W. Location: Section $\frac{1}{4}$ of -Subdivision Pawnee Add to Potawatomi CSM# 19 & 20 Block Gov't Lot Lot

For: Residential Accessory Structure: [1- Story; Pole Barn (40' x 50') = 2,500 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 10, 2018

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #:	18-0096
Date:	4-10-18
Amount Paid:	\$150 4-3-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION				TO APPLIC									
TYPE OF PERMIT REQUEST	TED→	□ LAND	USE SAI	NITARY		CONDI	are produced and the same		IAL USE	☐ B.O.		THER	
Owner's Name:					Address:			ate/Zip:			Telephon	e:	
PAUL M. HALVE Address of Property:	RSON				FAXON S	TRACT	SUP	erior, W	1 54	880	Cell Phon	e:	
The state of the s	100			***	N SPRIL	95. W	1 54	1873			718-50	71-3m5	
3750 LAKE RO	THU .			Contractor Phone: Plumber:						218-591-3∞5 Plumber Phone:			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and ST	RULTO	N	715-	580-0432	N/A							
Authorized Agent: (Person Sig				Agent Phone: Agent Mailing Address (include City/State					State/Zip):	/Zip): Written Authorization Attached			
NIA											☐ Yes	□ No	
DROJECT	Descripti	ion: (Use Ta	ax Statement)	Tax ID#	737					ecorded Document: (i.e. Property Ownership			
1/4,	1/4	Gov't	Lot Lot(s)) CSM	Vol & Pag		ot(s) No.	Block(s) No.	Subdivisi	on:			
1/4,	_ +/ 4		11	7		75							
Section	Township	44	I, Range	_ w	Town of:	Barn	125		Lot Size		Acrea	1,9	
Me in	Dronarty	/Land within	300 feet of Riv	er Stree	m (incl. Intermitten			ure is from Sho	reline :			Aug Mr. il	
Cree	k or Land	lward side o	f Floodplain?	o If ye	scontinue —	>	.sc structi		feet	700 00 00 00 00	perty in ain Zone?	Are Wetlan Present?	
XShoreland XIs	Property/	Land withir	1000 feet of La	ake, Pond	l or Flowage	Distar		ure is from Sho	reline :		Yes	☐ Yes	
				If yes	scontinue —	<u> </u>	220	0	feet	λ	No	XNo	
☐ Non-Shoreland													
Value at Time			ng place Pi						1	F7 11		Table 1	
of Completion							of ooms			Vhat Type of Typ			
* include	Projec	t	# of Stori	es	Foundation		n			ary Syster	m	Wat	
donated time & material						stru	cture	IS	on the p	ropertyr		prope	
V No.	w Consti	ruction	X 1-Story		□ Basement	□ 1		☐ Municipal/	City			☐ Cit	
APPROX.	dition/A	lteration	☐ 1-Story +	Loft	X Foundatio		100 000					X We	
	nversion		☐ 2-Story			_ 3		X Sanitary (E					
	locate (ex									□ Vaulted (min 200 gallon) rvice contract)			
	n a Busir perty	ness on			Use X Year Roun		one	☐ Compost T		ontract)	_		
	, p = ,							None	^				
		P. 16			Lawath			Width:		100	eight:		
Existing Structure: (if per Proposed Construction:		ig applied to	r is relevant to i		Length: 50	/		Width: 36				3'	
Proposet. Construction.					Terribum JO						,,		
Proposed Use	1			F	Proposed Struc	ture				Dimensio	ons	Square Footage	
					ure on propert	zy)			(Х)		
		Residence	e (i.e. cabin, h	unting s	hack, etc.)				(Х)		
M Desidential Use			with Loft						(X)		
Residential Use			with a Pord with (2 nd) P						1	X)		
			with a Decl						(Х)		
Doold to d			with (2 nd) D						(Х)		
☐ Rec'd for Issuance	e		with Attacl		age				(Х)		
ADD 1 0 2010		Bunkhou	se w/ (□ sanita	ary, or	sleeping quart	ers, <u>or</u> 🗆 c	ooking & f	food prep faciliti	es) (Х)		
APR 10 2018			10 17		:e)				_ (Х)		
Municipal Usetaff		Addition	/Alteration (s	specify)					_ (Х)		
Wunicipal Use	X	Accessor	y Building (s	specify)	GARAGE				_ ('	36× 5	00 1	1800	
		Accessor	y Building Add	dition/A	Iteration (spec	cify)			_ (Х	.)		
										Х	,		
			Special Use: (explain) Conditional Use: (explain))		
			iclayo) 'azıl ica	in i	1.1	Х	,						
									1	Х	1		

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Date 03/19/2018
Authorized Agent:	Date
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Address to send permit 438 FAXON ST SUPERIOR WILL 54 880	Attach Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for) Show Location of: **Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5) Show: Show any (*): (6)(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (7)Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	230	Feet		Setback from the Lake (ordinary high-water mark)	226	Feet	
Setback from the Established Right-of-Way	193			Setback from the River, Stream, Creek	NA	Feet	
				Setback from the Bank or Bluff	NA	Feet	
Setback from the North Lot Line	226	Feet					
Setback from the South Lot Line	193	Feet		Setback from Wetland	N/A	Feet	
Setback from the West Lot Line	38	Feet		20% Slope Area on the property	☐ Yes	XNo	
Setback from the East Lot Line	64	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	72	Feet		Setback to Well	122	Feet	
Setback to Drain Field	40	Feet		SHALLOW WELL IN EXISTING BASEM	alt		
Setback to Privy (Portable, Composting)		Feet		The state of the s	1		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be viaible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:									
Permit #: 18-0096	Permit Date: 4-10	0-/8								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recondance Yes (Fused/Contigue Yes Yes	ous Lot(s))	Mitigation Required Mitigation Attached	☐ Yes	Affidavit Required Affidavit Attached Yes No						
Granted by Variance (B.O.A.) ☐ Yes		Previously Granted by Variance (B.O.A.) Solution Yes No Case #:								
Was Proposed Building Site Delineated Yes No Were Property Lines Represented by Owner Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No										
Inspection Record: Well Staked lot line.	5 + Bailding /G	arage near sleeping I by L	the Nu evident	Zoning District (R-1) Lakes Classification (2)						
Date of Inspection: 4/9/18	Inspected by:	Paler	To the windows	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Not to be used for habitation - pressarized that seed softic permits										
Signature of Inspector: Affalle				Date of Approval: 4/10/16						
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:	□						

city, Village, State or Federal May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	0096			Issued	d To: F	Paul Ha	alverson								
Location:		1/4	of	_	1/4	Section	ո 9	Township	44	N.	Range	9	W.	Town of	Barnes	
- The Late																
Gov't Lot			L	_ot	11	Е	Block	Su	ıbdivisio	on				CSM# 7	' 1	

For: Residential Accessory Structure: [1-Story; Garage (36' x 50') = 1,800 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not for human habitation. Pressurized water needs septic permit.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 10, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County**

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



1		475
ע	Permit #:	18-0105
	Date:	4-13-18
	Amount Paid:	175 10-16-17
		\$175 2-2-17
,	Refund:	

☐ City

Well

Ohl

Covered

If you recently purchased the property send your Recorded Deed

	to: Bayfield County Zoning Department.	Bayfield Co. Zoning	Dept	·+			
O NOT START CONSTRU	CTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO	APPLICANT.	19x	INH 3	812		
TYPE OF PERMIT RE	QUESTED- LAND USE SAI	NITARY PRIVY	CONDITIONAL USE SP	ECIAL USE B.O	.A. OT	HER	
Owner's Name:		Mailing Address:	Mailing Address: City/State/Zip: 55375				
vinceta	selle Retersion	9460 Glac	457-0896				
Address of Property:	. 11 . 0 1	City/State/Zip:		•	Cell Phone:		
55 5000	55295 E Valley A	Barres	W154873				
Contractor:	DR	Contractor Phone:	Plumber:		Plumber Ph	one:	
Authorized Agent: (Pe	erson Signing Application on behalf of Owner(g))	Agent Phone: 715	Agent Mailing Address (include Cit	y/State/Zip):	Written Aut	thorization	
Crush Cour	inthey	739-lele45	100 Ux 130 Dau	Attached Ves No			
PROJECT		PIN: (23 digits)	-0/11/211 22 22 1	Recorded Documer			
LOCATION	<u>Legal Description</u> : (Use Tax Statement)	04-004245	0918 4 00 23%	Volume 2017	Page(s, 569968		
1/4,	1/4 Gov't Lot Lot(s	CSM Vol & Page 9423		Subdivision:	add to	otawata	
1	0 40 00	Town of:	- Parameter	Lot Size	Acreage		
Section	8, Township 45 N, Range 09	-* Bo	iones	1 . 9	ı	9	
	I - Burney / and within 200 feet of Big	Change II	t) Distance Structure is from Sh	acrolino .			
	☐ Is Property/Land within 300 feet of Riv Creek or Landward side of Floodplain?	If vescontinue	,	is Pro	perty in lain Zone?	Are Wetlands Present?	
☐ Shoreland →	☐ Is Property/Land within 1000 feet of La		Distance Structure is from St	riocap	Yes	☐ Yes	
	is troperty, build within 2000 feet of bu	If yescontinue			No	No	
X Non-Shoreland	1 2	107					
ENTON SHOTEIGHG							
Value at Time							
of Completion	Project # of Storie	es	# of Se	What Type of ewer/Sanitary Syste		Water	
* include	and/or bases	ment	The second secon	Is on the property?		vvater	

□ 1

X 2

□ 3

□ None

☐ Municipal/City

(New) Sanitary Specify Type:

Sanitary (Exists) Specify Type:

☐ Portable (w/service contract)

Compost Toilet

None

☐ **Privy (Pit)** or ☐ **Vaulted** (min 200 gallon)

Seasonal

Year Round

1-Story

2-Story

Basement

✓ No Basement

Foundation

1-Story + Loft

☐ New Construction

Conversion Relocate (existing bldg)

Property

☐ Addition/Alteration

☐ Run a Business on

Existing Structure: (if pe	rmit bei	ng applied for is relevant to it)	Length:	32	Width: 24		He	ight:	16
Proposed Construction:			Length:		Width:		He	ight:	V -
Precioosed Viseuanc	e 🗸		Proposed Stru	ucture		Dii	mension	ns	Square Footage
FFD 0.0 0040		Principal Structure (first str	ucture on prope	rty)		(Х)	·
FEB 08 2018		Residence (i.e. cabin, huntin	(Х)				
- 0- 1-1-10: m	with Loft								
Rec'd for Issuand		with a Porch		. 411.14		(Х)	
riec u for issuant	e	with (2 nd) Porch				(Х)	
ADD 10 2010	, ,	with a Deck				(Х)	
APR 13 2018		with (2 nd) Deck				(Х)	
☐ Commercial Use		with Attached G	arage			(Х)	
Secretarial Staff		Bunkhouse w/ (☐ sanitary, o	(,	Х)				
		Mobile Home (manufactured	(Х)				
		Addition/Alteration (specific	(Х)				
☐ Municipal Use		Accessory Building (specify	/)			(Х)	
		Accessory Building Addition	/Alteration (spe	ecify)		(Х)	
							,		
	#	Special Use: (explain) Cla	85 A 5	Querut S	short term	12	(x 3	121	1768
		Conditional Use: (explain)		1 1 1	rentul	-(Х)	
		Other: (explain)				(Х)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

	Owner(s):	Date
	(If there are Multiple Owners listed on the Deed All Owners must sign of letter(s) of authorization must accompany this application)	
Χ	Authorized Agent:	Date 9/25/17
	(If you are signing or behalf of the owner(s) a letter of authorization must accompany this application)	
	Address to send permit DO BUX 130 Drummand W1 5483	Attach Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: Draw or Sketch your Property (regardless of what you are applying for) **Proposed Construction** Show Location of: Show / Indicate: North (N) on Plot Plan (2) (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% (7) See attachment Please complete (1) - (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point) Description Measurement Description Measurement 160 t Feet Setback from the Lake (ordinary high-water mark)

Setback from the Centerline of Platted Road Feet Setback from the River, Stream, Creek Setback from the Established Right-of-Way Feet Feet 136 + Setback from the Bank or Bluff Feet Setback from the **North** Lot Line Feet 60+ Setback from the South Lot Line Feet Setback from Wetland Feet Setback from the West Lot Line Feet 20% Slope Area on property No Yes Setback from the East Lot Line Town K Elevation of Floodplain Feet Feet Setback to Septic Tank or Holding Tank Feet Setback to Well Feet Setback to Drain Field Feet NA Setback to Privy (Portable, Composting) Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

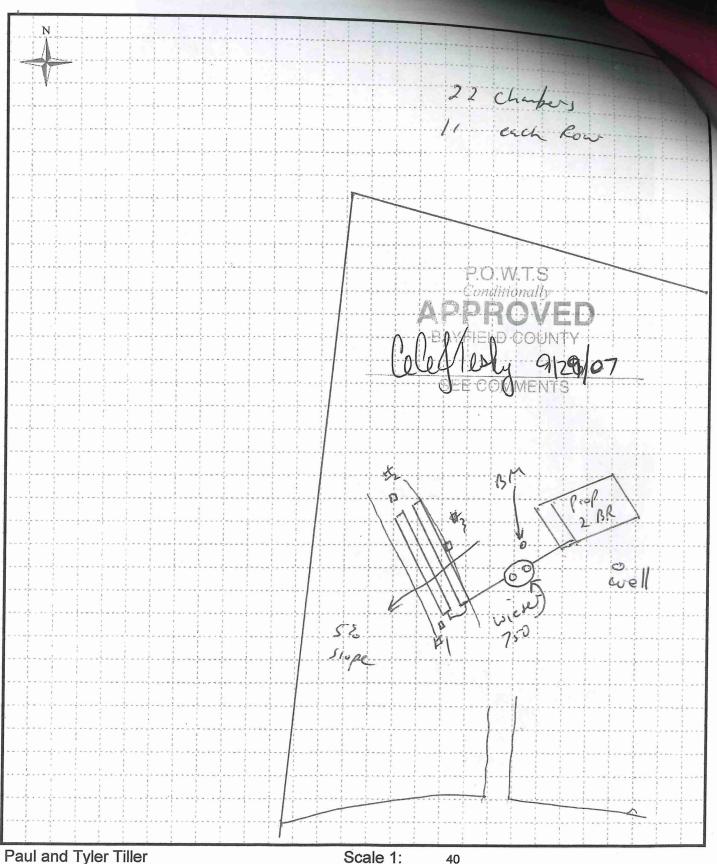
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	7-1885	Sanitary Date: 11/1/07						
Permit Denied (Date):	Reason for Denial:								
Permit #: 18 - 0105	Permit Date: 4-13	-18	التلاجب المساب						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Record □ Yes (Fused/Contigu	ous Lot(s))	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached □ Yes □ No □ Yes □ No					
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes PNo Case #:							
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes					
Inspection Record: 2/6/18 site affend	es as indicate	10		Zoning District (R-/) Lakes Classification (NA)					
Date of Inspection: 2/6/19	Inspected by:	Tale		Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attac Be licensed by Ba Limit occupancy to	hed? Yes No-(IF) yfield Count 6 individu	No they need to be attack by Public Hea als	ched.)						
Signature of Inspector:				Date of Approval: 2/7/18					
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affid	lavit: 🗌	Hold For Fees:						



Paul and Tyler Tiller

E. Valley Dr. Barnes, WI.

04-004-2-45-09-18-4 00-231-20000

Bench Mark A = Mail in Ribbined wh. Pive

Page <u>3</u> of <u>7</u>

Juage, State or Federal May Also Be Required

NO USE - X **SANITARY - 07-188S** SIGN -SPECIAL - Class A CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

_ocation:	1/4	of	_	1/4	Section	18	Township	45	N.	Range	9	W.	Town of	Barnes
										ı	·			
Gov't Lot		L	.ot	24	Blo	ck	Su	bdivisio	on N a	avajo Ad	dd to	o Pota	awatomi	CSM#

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Be licensed by Bayfield County Public Health. Limit to six (6) individuals.

This permit expires one year from date of issuance if the authorized construction NOTE: work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 13, 2018

Date